MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED OCT 19 1961 75

-61-036318
STATE FILE NUMBER

AMENDED

Registration District No. _____ Primary Registration District No. 3016 Registrar's No. 100

FILED OCT 19 1961

1. PLACE OF DEATH a. COUNTY Clinton

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Clinton

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cameron | Length of stay in 1b 3 days | c. CITY OR TOWN Lathrop | Inside Limits Yes ☐ No ☒

c. FULL NAME OF HOSPITAL OR INSTITUTION Cameron Community Hosp. | Inside Limits Yes ☒ No ☐ | d. STREET ADDRESS (If outside, give location) RFD | Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Charles Middle Richard Last Evans | 4. DATE OF DEATH Month Oct. Day 12 Year 1961

5. SEX Male | 6. COLOR OR RACE White | 7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐ | 8. DATE OF BIRTH 5/21/1908 | 9. AGE (last birthday) 53 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming | 10b. KIND OF BUSINESS OR INDUSTRY Own Farm | 11. BIRTHPLACE (City and state or country) Converse, Missouri | 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Charley Henry Evans | 13b. MOTHER'S MAIDEN NAME Norma Brawner | 14. NAME OF HUSBAND OR WIFE Louella Evans

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT Louella Evans Address Lathrop, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Metastatic Carcinoma | INTERVAL BETWEEN ONSET AND DEATH 8 mos

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) of liver – Primary

DUE TO (c) Carcinoma of Colon – April 61

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ | 20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from April 4, 1961 to Oct 12, 1961 and last saw him alive on Oct 12, 1961

Death occurred at 11:55 Am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J. D. Kimes MD | 22b. ADDRESS Cameron, Mo | 22c. DATE SIGNED 10-13-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 10/14/1961 | 23c. NAME OF CEMETERY OR CREMATORY Converse Cemetery | 23d. LOCATION (City, town, or county) (State) Clinton Co. Missouri

24. FUNERAL DIRECTOR Bailey Funeral Home | ADDRESS Lathrop, Mo. | 25. DATE RECD. BY LOCAL REG. Oct 14 1961 | 26. REGISTRAR'S SIGNATURE Frances D. Crawford

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED	BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify, that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Maurice D Bailey

Licensed Embalmer No. 4887

P. O. Address Lathrop Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.